

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Byam School</u>	Date <u>10/25/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>25 Maple Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Heather Makara</u>	Time In: <u>10:30</u> Out:		
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 151°
100° 410° 35° 36°☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

1/3/2018

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Heather Makara</u>	Print: <u>Heather Makara</u>	Page <u>1 of 1</u> Pages

Date: 10/25/17

Page: 2 of 2

Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Byam School</u>	Date <u>5/31/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service	Type of Inspection <input checked="" type="checkbox"/> Routine
Address <u>25 Maple Rd</u>	Risk Level	<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Telephone <u>978-251-5144 Ext 6443</u>		<input type="checkbox"/> Residential Kitchen	Previous inspection Date:
Owner <u>Town of Chelmsford</u>	HACCP Y/N	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Person In Charge (PIC) <u>HEATHER MAKARA</u>	Time In: <u>10:30</u>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
Inspector <u>Mark Masello</u>	Out:	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 376 20 40☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Violations Related to Good Retail Practices (Blue**

items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
X		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masello</u>	Print: <u>Mark Masello</u>	
PIC's Signature: <u>Heather Makara</u>	Print: <u>HEATHER MAKARA</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2

Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Byam School</u>	Date <u>12/10/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>25 Maple Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>H. Makara</u>	Time In: <u>12:45</u>		
Inspector <u>Mark Masiello</u>	Out:	Permit No.	

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.008 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200 ppm
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 6.6 370/1450
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):


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DATE OF RE-INSPECTION:

12/28/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>H. Makara</u>	Print: <u>Heather Makara</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2

PLEASE PRINT CLEARLY

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TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Bx4m</u>	Date <u>5/10/19</u>	Type of Operation(s)	Type of Inspection
Address <u>Maple Rd 25</u>	Risk Level	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N	Permit No.	
Owner <u>Town of Chelmsford</u>	Time In: <u>10:45</u> Out: <u>11:25</u>		
Person in Charge (PIC) <u>Laura Bishop</u>			
Inspector <u>Mark Masieilo</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200 ppm

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding -10 410 1440

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieilo</u>	Print: <u>Mark Masieilo</u>	
PIC's Signature: <u>Laura Bishop</u>	Print: <u>Laura Bishop</u>	Page <u>1</u> of <u>1</u> Pages

Date: 5/2/5

Page: 2 of 2

Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Center School</u>	Date <u>10/20/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Billerica Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Linda McCaul</u>	Time In: <u>12:30</u>		
Inspector <u>Mark Marzella</u>	Out:		

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Non-compliance with:

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Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 1660 41.3 370 340☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Violations Related to Good Retail Practices (Blue**

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Marzella</u>	Print: <u>Mark Marzella</u>	
PIC's Signature: <u>Linda McCaul</u>	Print: <u>Linda McCaul</u>	Page <u>1</u> of <u>1</u> Pages

Chelmsford

BOARD OF HEALTH

Establishment Name: Center School

Date: 12/26/17

Page: 2 of 2

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION

PLEASE PRINT CLEARLY

Date Verified

Item No. Code Reference C - Critical Item R - Red Item

25 R-4 N/A

The walk in cooler floor that is underneath the food and beverage storage racks are dirty.

Roll out the racks from the wall then sweep and mop the floor by, 12/27/17

12/20/17 OK cleaned by site person

Hot food temps ok

Refrigeration temps ok

bathroom ok

kitchen clean and sanitary hand wash station

Discussion With Person in Charge:

Corrective Action Required:

☐ No

☐ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Center School</u>	Date <u>5/31/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Billerica Rd 84</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Michelle Reppe</u>	Time In/Out <u>12:15</u>		
Inspector <u>Mark Masiello</u>			

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Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Non-compliance with:

Anti-Choking	590.009 (E)
Tobacco	590.009 (F)
Allergen Awareness	590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐
2. Reporting of Diseases by Food Employee and PIC

- ☐
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐
4. Food and Water from Approved Source

- ☐
5. Receiving/Condition

- ☐
6. Tags/Records/Accuracy of Ingredient Statements

- ☐
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐
8. Separation/Segregation/Protection

- ☐
9. Food Contact Surfaces Cleaning and Sanitizing

- ☐
10. Proper Adequate Handwashing

- ☐
11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐
14. Approved Food or Color Additives

- ☐
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐
16. Cooking Temperatures

- ☐
17. Reheating

- ☐
18. Cooling

- ☐
19. Hot and Cold Holding
- 148 420 46 380

- ☐
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

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		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	8	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
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DATE OF RE-INSPECTION:6/5/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Michelle Reppe</u>	Print: <u>Michelle Reppe</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2Form 734 B A.M. Sulkin Co., Charlestown, MA

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

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Tobacco	590.009 (F)
Allergen Awareness	590.009 (O)

☐ 1. PIC Assigned / Knowledgeable / Duties

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding 139 330 40 10

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 12/13/15

Inspector's Signature: <i>Mark Masiello</i>	Print: <i>Mark Masiello</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>Michelle Rypers</i>	Print: <i>Michelle Rypers</i>	

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

Establishment Name: South Kent School Center

Date: 12/7/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
29	590.mps		The food service department does not have a certified food manager operating this kitchen. Food service must provide a certified food manager daily to operate this school kitchen by 12-12-18 until the PIC becomes a certified food manager. ALL Also the nipple bi-metal thermometer is no longer in compliance with the new food code. This thermometer must be replaced by a new nipple bi-metal thermometer with out a nipple or an instant read thermometer by 12-12-18	12/11
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Center School</u>	Date <u>5/6/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>84 Billerica Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Michelle Repaza</u>	Time In: <u>10:45</u>		
Inspector <u>Mark Masiello</u>	Out: <u>11:35</u>		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐
2. Reporting of Diseases by Food Employee and PIC

- ☐
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐
4. Food and Water from Approved Source

- ☐
5. Receiving/Condition

- ☐
6. Tags/Records/Accuracy of Ingredient Statements

- ☐
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐
8. Separation/Segregation/Protection

- ☐
9. Food Contact Surfaces Cleaning and Sanitizing
- 200 ppm

- ☐
10. Proper Adequate Handwashing

- ☐
11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities
- OK

PROTECTION FROM CHEMICALS

- ☐
14. Approved Food or Color Additives

- ☐
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐
16. Cooking Temperatures

- ☐
17. Reheating

- ☐
18. Cooling

- ☐
19. Hot and Cold Holding
- 154 157° 35 - 7

- ☐
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:6/6/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Michelle Repaza</u>	Print: <u>Michelle Repaza</u>	Page <u>2</u> of <u>2</u> Pages

Page: 2 of 2Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Chelmsford High School</u>	Date <u>11/29/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>300 Richardson Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Leah Perry</u>	Time In: <u>9:45</u> Out:		
Inspector <u>Mark Masciello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling -10 380
☐ 19. Hot and Cold Holding 380 158 164 1430
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Leah Perry</u>	Print: <u>Leah Perry</u>	Page <u>1</u> of <u>1</u> Pages

Date: 11/29/17Page: 2 of 2

Form 734 B A.M. Sullivan Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Chelmsford High School</u>	Date <u>6/15/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>200 Richardson Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC)	Time In: <u>10:20</u> Out:	Permit No.	
Inspector <u>Mark Masieles</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200 ppm☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling 140 153 370 370☐ 19. Hot and Cold Holding 36 20 320 370☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Violations Related to Good Retail Practices (Blue**

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieles</u>	Print: <u>Mark Masieles</u>	
PIC's Signature: <u>Leah Perry</u>	Print: <u>Leah Perry</u>	Page <u>1</u> of <u>1</u> Pages

Date: 6/15/18

Page: 2 of 2Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Chelmsford High School</u>	Date <u>12/19/15</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection
Address <u>200 Richardson Rd</u>	Risk Level		Previous Inspection Date:
Telephone			<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Owner <u>Town of Chelmsford</u>	HACCP Y/N	Permit No.	
Person in Charge (PIC) <u>Leslie DeYoung</u>	Time In: <u>10:00</u>		
Inspector <u>Mark Masieilo</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200°
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling 410 151 350
☐ 19. Hot and Cold Holding 100 400 400 158
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieilo</u>	Print: <u>Mark Masieilo</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Page: 2 of 2

[illegible]

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>CHS</u>	Date <u>4/11/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>200 Richardson Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Leslie DeYoung</u>	Time In: <u>10:00</u> Out: <u>11:00</u>		
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 20 20 37 36 37☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Violations Related to Good Retail Practices (Blue**

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	<input checked="" type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 9/8/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF ChelmsfordDate: 6/11/19Page: 2 of 2Establishment Name: CHS

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
25	FE-	N/C	The walk in cooler floor has a large build up of ice on the floor. Also the back of the fan unit coils are covered by dust. Shut down the fan unit and then clean all the back of the coils. Then have the refrigeration drain line checked for leaks.	
25	FE-4	N/C	The two freezer walk in doors do not have bottom door gaskets. This is causing a large build up of ice inside of the freezer. Have all of the ice removed from the freezer walls and ceiling. Place new door gaskets on the bottom of both doors	
			Have the worked done before the opening of the 2019-2020 School season.	
25	FE-4		The sink disposal on the food prep sink is broken. This disposal must be replaced as removed from prep sink before the start of the 2019-2020 School season	
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

TOWN OR CITY OF Wilmington Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Community Education</u>	Date <u>12/27/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>170 Dalton Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Community Ed / Town of Ch.</u>	HACCP Y/N		
Person in Charge (PIC) <u>Gina Sandelli</u>	Time In: <u>10:45</u>		
Inspector <u>Mark Masella</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)
Tobacco	590.009 (F)
Allergen Awareness	590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐
2. Reporting of Diseases by Food Employee and PIC

- ☐
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐
4. Food and Water from Approved Source

- ☐
5. Receiving/Condition

- ☐
6. Tags/Records/Accuracy of Ingredient Statements

- ☐
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐
8. Separation/Segregation/Protection

- ☐
9. Food Contact Surfaces Cleaning and Sanitizing

- ☐
10. Proper Adequate Handwashing

- ☐
11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐
14. Approved Food or Color Additives

- ☐
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐
16. Cooking Temperatures

- ☐
17. Reheating

- ☐
18. Cooling

- ☐
19. Hot and Cold Holding
- 36° - 70° 4/10

- ☐
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	X	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 1/17/18

Inspector's Signature: <u>Mark Masella</u>	Print: <u>Mark Masella</u>	
PIC's Signature: <u>Gina Sandelli</u>	Print: <u>Gina Sandelli</u>	Page <u>1</u> of <u>1</u> Pages

Date: 10/27/17

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION		Date Verified
			PLEASE PRINT CLEARLY		
25	FE-4	N/C	The walk-in cooler floor is dirty. Empty the walk-in cooler then sweep and mop the floor.		11/14/17
22	FE-6	N/C	The dry storage room floor is dirty. Sweep and mop the floor.		11/17/17
			The washroom must have the dishwasher and the stainless tables removed by the beginning of the 2018-19 school year. This will let the day care program and the cooking class to use the empty washroom for an approved food storage area.		
Discussion With Person In Charge:			Remove all desks, tables and the small refrigerator out of the kitchen by 10/31/17		
Corrective Action Required:			<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<input type="checkbox"/> Voluntary Compliance			<input type="checkbox"/> Employee Restriction / Exclusion		
<input type="checkbox"/> Re-inspection Scheduled			<input type="checkbox"/> Emergency Suspension		
<input type="checkbox"/> Embargo			<input type="checkbox"/> Emergency Closure		
<input type="checkbox"/> Voluntary Disposal			<input type="checkbox"/> Other:		

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Community Education</u>	Date <u>6/4/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>170 Dalton Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Gina Sandelli</u>	Time In: <u>10:30</u> Out:		
Inspector <u>Mark Masieello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)

Tobacco 590.009 (F)

Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☒ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 0° 36° 38°
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 6/8/18

Inspector's Signature: <u>Mark Masieello</u>	Print: <u>Mark Masieello</u>	
PIC's Signature: <u>Gina Sandelli</u>	Print: <u>Gina Sandelli</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF ChelmsfordEstablishment Name: Community EducationDate: 6/4/18Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
27	HC-4	W/C	The walk in cooler floor is dirty. Roll out all of the mats and then mop floor.	6/8/18
15	720613 R		There are mice droppings inside of the walk in cooler, and along the base of the walls in the kitchen. There are also mice droppings inside of the food service dry storage room. Have Rain Pest Control come two times a month to treat for mice. Also the floors are not being cleaned daily. Make sure that the floor is being swept and mopped daily inside of all rooms and also the walk in cooler.	6/15/18 C/L
Discussion With Person in Charge: <u>I talked and showed</u>			Corrective Action Required:	
the Director the mice droppings and also told the Director that the floor has not been getting cleaned daily.			<input checked="" type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Community Education</u>	Date <u>12/11/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>170 Dalton Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Colleen Smith</u>	Time In: <u>10:45</u> Out:		
Inspector <u>Mark Masiero</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Anti-Choking	590.009 (E)
Tobacco	590.009 (F)
Allergen Awareness	590.009 (G)

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an Imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT☒ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☒ 19. Hot and Cold Holding 70 360 890 1040☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
<input checked="" type="checkbox"/>		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red items 1-22):

2

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 12/17/18 ✓

Inspector's Signature: <u>Mark Masiero</u>	Print: <u>Mark Masiero</u>	
PIC's Signature: <u>Colleen Smith</u>	Print: <u>Colleen Smith</u>	Page <u>1</u> of <u>1</u> Pages

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Chelmsford

Establishment Name: Community Education

Date: 12/11/18

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
19	350.14	R	The meat chese tange was left at time of delivery The breadli tange was 89 at time of delivery. The food was placed into the food warmer.	✓
35	R-4	C	The food warmer thermometer was not working. Have the thermometer on the food warmer fixed. ide placed a thermometer inside of the food warmer.	✓
1	590.003 3605.11	(R) (R)	The PIT did not have knowledge of her-dities when it came to food tange and safety food safety.	✓
			The kitchen area has been shut down. The convection oven must be turned on to reheat the food to proper temperature.	✓
	350.008	C	The Community Education along with the Food Service Dept must have a certified food manager to cater the lunch program from Monday - Friday during the lunch time program starting on Monday 12-11-18.	✓
Discussion With Person in Charge:			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input checked="" type="checkbox"/> Re-inspection Scheduled	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Other:	

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Community Education School</u>	Date <u>5/14/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Dalton Rd 170</u>	Risk Level		
Telephone			
Owner <u>Community Ed School</u>	HACCP Y/N		
Person In Charge (PIC) <u>Colleen Smith</u>	Time <u>11:15</u>		
Inspector <u>Mark Masiello</u>	In: <u>11:45</u> Out: <u>11:45</u>	Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 38° 10°
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Colleen Smith</u>	Print: <u>Colleen Smith</u>	Page <u>1</u> of <u>1</u> Pages

Date: 5/14/19

Page: 2 of 2

Form 734 B A.M. Sulkis Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Harrington School</u>	Date <u>10/25/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Richardson Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person In Charge (PIC) <u>Allison Elliott</u>	Time In: <u>11:45</u> Out:		
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 100 - 100 1450☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	<input checked="" type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
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DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Allison Elliott</u>	Print: <u>Allison Elliott</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Harrington School</u>	Date <u>6/1/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Richardson Rd 126</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Allison Elliott</u>	Time In: <u>10:30</u>	Permit No.	
Inspector <u>Mark Masciello</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Tobacco 590.009 (F)

Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
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☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
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☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 40 430 370
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Allison Elliott</u>	Print: <u>Allison Elliott</u>	Page <u>1</u> of <u>1</u> Pages

Form 734 B A.M. Sutkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Harrington School</u>	Date <u>12/11/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Richardson Rd 120</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Allison Elliott</u>	Time In: <u>12:10</u> Out:	Permit No.	
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
Tobacco 590.009 (F)
Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding 174° 160 39°

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
<input checked="" type="checkbox"/>		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	<input checked="" type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the Items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 12/17/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Allison Elliott</u>	Print: <u>Allison Elliott</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2

Form 734 B A.M. Sulkin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Harrington School</u>	Date <u>5/8/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>120 Richardson Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Jennifer Stuart</u>	Time In: <u>11:00</u> Out: <u>11:40</u>	Permit No.	
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)

Tobacco 590.009 (F)

Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200 ppm☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures - 2☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding - 20 38 142☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Jennifer Stuart</u>	Print: <u>Jennifer Stuart</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Date: 5/8/19

Page: 2 of 2

Form 734 B A.M. Sulkin Co., Charlestown, MA

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs

First Inspection

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Lowell Day School</u>	Date <u>8/15/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous inspection Date: <u> </u> <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>60 Corliss St</u>	Risk Level		
Telephone <u>978-674-2400</u>	HACCP Y/N	Permit No.	
Owner <u>Lowell Public Schools</u>	Time In: <u>10:00</u> Out: <u> </u>		
Person in Charge (PIC) <u>Patricia Clark-Noumvala</u>			
Inspector <u>Mark Masieilo</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieilo</u>	Print: <u>Mark Masieilo</u>	
PIC's Signature: <u>Patricia Clark-Noumvala</u>	Print: <u>Patricia Clark-Noumvala</u>	
FORM 734A A.M. SULKIN CD CHARTER TOWN MA		Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: Collett Day School Date: 8/15/18 Page: 2 of 2

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TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Lowell Public School System</u>	Date <u>5/15/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>60 Cardale St</u>	Risk Level		
Telephone <u>978-474-2405</u>			
Owner <u>Lowell Public School</u>	HACCP Y/N		
Person In Charge (PIC) <u>Wendy Zyla</u>	Time In: <u>11:38</u> Out: <u>2:10</u>	Permit No.	
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 36° 141°
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Wendy Zyla</u>	Print: <u>Wendy Zyla</u>	Page <u>1</u> of <u>1</u> Pages

Date: 5/15/19

Page: 2 of 2

Form 734 B A.M. Sullivan Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>McCarthy Middle School</u>	Date <u>11/13/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>North Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Leslie DeYoung</u>	Time In: <u>11:20</u> Out:		
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)
Tobacco	590.009 (F)
Allergen Awareness	590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐
2. Reporting of Diseases by Food Employee and PIC

- ☐
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐
4. Food and Water from Approved Source

- ☐
5. Receiving/Condition

- ☐
6. Tags/Records/Accuracy of Ingredient Statements

- ☐
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐
8. Separation/Segregation/Protection

- ☐
9. Food Contact Surfaces Cleaning and Sanitizing
- see report

- ☐
10. Proper Adequate Handwashing

- ☐
11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐
14. Approved Food or Color Additives

- ☐
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐
16. Cooking Temperatures

- ☐
17. Reheating

- ☐
18. Cooling

- ☐
19. Hot and Cold Holding
- 380 39 41 1580

- ☐
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 29. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 1/5/18 11/20/17

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF ChelmsfordEstablishment Name: McCarthy Middle SchoolDate: 11/13/17Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
07	Fe-6		The walls behind all of the trash cans inside of the cafeteria are dirty. Have the walls cleaned by. 11/16/17	WJD
07	Fe-6		The bottom of the wall in the cafeteria next to the water vending machine is damaged. Have the bottom of the wall repaired during the Christmas break. 1/5/18	1/11/18
05	Fe-H		The walls inside of the cafeteria behind the trash cans need to have EBP to protect the walls. The outside and inside of the doors inside of the cafeteria. The trash cans need to be cleaned on the inside and outside several times a week. 11/16/17	WJD
Discussion With Person in Charge:				
Corrective Action Required:				<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance				<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-inspection Scheduled				<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo				<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal				<input type="checkbox"/> Other:

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>McCarthy Middle School</u>	Date <u>6/14/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>North Rd 250</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Leslie DeYoung</u>	Time In: <u>10:40</u>		
Inspector <u>Mark Masciello</u>	Out:	Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 7 380/410 + 8☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
	X	25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	5	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):


Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:Sept 9, 2018

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Leslie DeYoung</u>	Print: <u>Leslie DeYoung</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF ChelmsfordEstablishment Name: McCarthy Middle SchoolDate: 6/14/18Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
27	Fe-6	N/C	The bottom of the wall next to the vending machine in the cafeteria still is not in compliance from last year. Have the base of the wall fixed before the opening of the 2018-2019 School year. ✓	
25	Fe-4	N/C	The walls and floor inside of the walk-in cooler are dirty. At the end of the school year empty the walls in cooler and then clean the cooler and walls with a heavy duty all purpose solution. ✓	
25	Fe-4	N/C	The top of the kitchen hood are dirty. (Dust) Haul the top of the hood cleaned at the end of the school year. ✓	
27	Fe-6	N/C	The floor tile next to the clean out in front of the food prep sink are broken. Replace all of the broken tile by the opening of the 2018-2019 school year. N/D	
27	Fe-6	N/C	The black window ledges are dirty. The heating units are dirty. The walls are dirty. ✓ Clean all of the above at the end of the school year.	
Discussion With Person in Charge: <u>have FRP.</u>			Corrective Action Required:	
			<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>McCarthy School</u>	Date <u>12/13/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>250 North Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Georgia Fredericks</u>	Time in: <u>11:40</u>		
Inspector <u>Mark Masiello</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)
 Tobacco 590.009 (F)
 Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 177° 370 370 410
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
X	

23. Management and Personnel (FC-2)(590.003)
 24. Food and Food Protection (FC-3)(590.004)
 25. Equipment and Utensils (FC-4)(590.005)
 26. Water, Plumbing and Waste (FC-5)(590.006)
 27. Physical Facility (FC-6)(590.007)
 28. Poisonous or Toxic Materials (FC-7)(590.008)
 29. Special Requirements (590.009)
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Georgia Fredericks</u>	Print: <u>Georgia Fredericks</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2[illegible]

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>McCarthy Middle School</u>	Date <u>5/15/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>North Rd</u>	Risk Level		
Telephone	HACCP Y/N	Permit No.	
Owner <u>Town of Chelmsford</u>	Time In: <u>10:15</u> Out: <u>11:25</u>		
Person in Charge (PIC) <u>Georgia Fredericks</u>			
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing 260 ppm
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding 39 161 36 - 10
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
X		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
X		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 5/17/19 5/24/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Georgia Fredericks</u>	Print: <u>Georgia Fredericks</u>	Page <u>1</u> of <u>4</u> Pages

TOWN OR CITY OF ChelmsfordEstablishment Name: McCarty Middle SchoolDate: 5/15/19Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
25	FC-4	C	The door latch on the walk in freezer door is not closing all the way, which is causing a build up of ice and snow on the door jam. The door latch needs to be set readjusted so the door will close all the way which will prevent the buildup of ice. This is also a employee safety issue. 5/24/19	
27	FC-6	C	The back wall inside of the dry storage area has a black fungus at the base of the wall. The wall board is very wet. Have the wall board removed fit up the wall then address the damaged of the rest of the wall. 5/17/19	
			Brian from the School Superintendents Office was made aware of this issue by myself at the time of my inspection	
			5/17/19 The town had an Abatement Company come in to take samples to determine the level and board of the black fungus before demolition of the wall board.	
Discussion With Person In Charge:				
Corrective Action Required:			<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
			<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Parker Middle School</u>	Date <u>11/15/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Georgia Fredenicks</u>	Time In: <u>10:15</u>		
Inspector <u>Mark Masieilo</u>	Out:	Permit No.	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200 ppm
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling 380 42 380 -100
☐ 19. Hot and Cold Holding 320 58 158 00
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

5

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieilo</u>	Print: <u>Mark Masieilo</u>	
Signature: <u>Georgia Fredenicks</u>	Print: <u>Georgia Fredenicks</u>	Page <u>1</u> of <u>1</u> Pages

Chelmsford

BOARD OF HEALTH

Establishment Name:

Parker Middle School

Date: 11/13/17

Page: 2 of 2

Item No. Code Reference C - Critical Item R - Red Item

DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
PLEASE PRINT CLEARLY

Date Verified

Hot food temps ok
Cold food temps ok
sanitizer stations ok
hand wash station ok
food from an approved source
dry storage ok
refrigerated storage ok
no sign of any rodents
good employee hygiene practices
all certifications are up to date
and dining hall was in sanitary conditions
dish sheets yes
kitchen was clean and organized
employees knowledgeable of duties

Discussion With Person in Charge:

Corrective Action Required:

☐ No ☐ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☐ Other

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Parker Middle School</u>	Date <u>6/15/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person In Charge (PIC) <u>Cathy Maie/ano</u>	Time In: <u>11:00</u> Out:	Permit No.	
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-choking 590.009 (E) ☐
Tobacco 590.009 (F) ☐
Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 38° 39° 1430☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
X	

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 6/12/18

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Cathy Maie/ano</u>	Print: <u>Cathy Maie/ano</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford
 Establishment Name: Parker Middle School Date: 6/15/18 Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION <small>PLEASE PRINT CLEARLY</small>	Date Verified
24	FC	<input checked="" type="checkbox"/> C	<p>The ice cream freezer did not have a thermometer. Place a thermometer inside of the ice cream freezer. by 6/16/18</p> <p>The new milk coolers did not have thermometers. Place a thermometer inside of each milk cooler. It is very important to test the milk temperature manually every hour during the lunch period. 6/12/18</p> <p>The pre made smoothies will need ingredient labels and sell by dates if they are presented as grab and go products.</p> <p>Place the milk crates on a rack inside of the walk-in cooler.</p> <p>This also goes for all prepackaged food containers that are displayed for grab and go i.e. cookies, yogurt, jelly, pudding and etc.</p>	6/16/18
Discussion With Person In Charge:				
Corrective Action Required:			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance			<input type="checkbox"/> Employee Restriction / Exclusion	
<input checked="" type="checkbox"/> Re-inspection Scheduled			<input type="checkbox"/> Emergency Suspension	
<input type="checkbox"/> Embargo			<input type="checkbox"/> Emergency Closure	
<input type="checkbox"/> Voluntary Disposal			<input type="checkbox"/> Other:	

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Parker Middle School</u>	Date <u>12/17/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>7 Graniteville Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Cathleen Mairiello</u>	Time In: <u>11:30</u>	Permit No.	
Inspector <u>Mark Masciello</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200ppm

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding 370 38-10 1430

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
	<input checked="" type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 1/4/19

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Cathleen Mairiello</u>	Print: <u>Cathleen Mairiello</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Date: 12/17/18

Page: 2 of 2

Form 734 B A.M. Sutin Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Parker Middle School</u>	Date <u>5/10/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>7 Graniteville Rd</u>	Risk Level		
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Cathleen Maiellano</u>	Time In: <u>11:45</u> Out: <u>12:30</u>	Permit No.	
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input checked="" type="checkbox"/>

FOOD PROTECTION MANAGEMENT

- ☐
1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐
2. Reporting of Diseases by Food Employee and PIC

- ☐
3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐
4. Food and Water from Approved Source

- ☐
5. Receiving/Condition

- ☐
6. Tags/Records/Accuracy of Ingredient Statements

- ☐
7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐
8. Separation/Segregation/Protection

- ☐
9. Food Contact Surfaces Cleaning and Sanitizing

- ☐
10. Proper Adequate Handwashing

- ☐
11. Good Hygienic Practices

- ☐
12. Prevention of Contamination from Hands

- ☐
13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐
14. Approved Food or Color Additives

- ☐
15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐
16. Cooking Temperatures

- ☐
17. Reheating

- ☐
18. Cooling

- ☐
19. Hot and Cold Holding
- 35° 8 42° 39 141° 153

- ☐
20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 9/11/19

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Cathleen Maiellano</u>	Print: <u>Cathleen Maiellano</u>	Page <u>1</u> of <u>1</u> Pages

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TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South Row School</u>	Date <u>10/23/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Boston Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Robin Dominguez</u>	Time In: <u>12:00</u> Out:		
Inspector <u>Mark Masieilo</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E)

Tobacco 590.009 (F)

Allergen Awareness 590.009 (G)

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving/Condition
☐ 6. Tags/Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling 154° ~ 70 350
☐ 19. Hot and Cold Holding 280 400 400 360
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masieilo</u>	Print: <u>Mark Masieilo</u>	
PIC's Signature: <u>Robin Dominguez</u>	Print: <u>Robin Dominguez</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2

Form 734 B A.M. Sulfon Co., Charlestown, MA

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South River School</u>	Date <u>5/31/18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date:
Address <u>250 Boston Rd</u>	Risk Level		<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone		HACCP Y/N	
Owner <u>Town of Chelmsford</u>	Time In: <u>11:30</u>	Permit No.	
Person In Charge (PIC) <u>Robin Donoghue</u>	Out:		
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne illness interventions and Risk Factors (Red items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding 148° 36° 40° 37° 40°

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Robin Donoghue</u>	Print: <u>Robin Donoghue</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Establishment Name: South Paul School Date: 5/31/18 Page: 2 of 2

Form 734 B A.M. Sulkin Co., Charlestown, MA

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Chelmsford**Massachusetts Department of Public Health**

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South Row School</u>	Date <u>12/10/18</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>250 South Row Boston Rd</u>	Risk Level		
Telephone _____		Permit No. _____	
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person In Charge (PIC) _____	Time In: <u>11:20</u>		
Inspector <u>Mark Masciello</u>	Out: _____		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

FOOD PROTECTION MANAGEMENT☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding 410 400 380 1410☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 2/28/18

Inspector's Signature: <u>Mark Masciello</u>	Print: <u>Mark Masciello</u>	
PIC's Signature: <u>Robin Donaghy</u>	Print: <u>Robin Donaghy</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Chelmsford

Page: 2 of 2

Form 734 B A.M. Sutin Co., Charlestown, MA

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>South Row School</u>	Date <u>5/6/19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Boston Rd</u>	Risk Level	Permit No.	
Telephone			
Owner <u>Town of Chelmsford</u>	HACCP Y/N		
Person in Charge (PIC) <u>Robin Donoghue</u>	Time In: <u>11:45</u> Out: <u>12:30</u>		
Inspector <u>Mark Masiello</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐

Tobacco 590.009 (F) ☐

Allergen Awareness 590.009 (G) ☒

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding - 143° 144° 10° 40° 28° 32° 43°

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mark Masiello</u>	Print: <u>Mark Masiello</u>	
PIC's Signature: <u>Robin Donoghue</u>	Print: <u>Robin Donoghue</u>	Page <u>1</u> of <u>1</u> Pages

Page: 2 of 2

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